

FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554Approved by OMB  
3060-0076  
Est. time per response:  
1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

## SECTION I - General Information

## 1. Name and Mailing Address of Respondent

LBH LLC  
PO Box 2237  
Sulphur, LA 70665☐ Check here if this  
is a change of  
address.

## 2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay  
Period Covered by Report)

03/31/2017

4. Number of Full-Time Employees during Selected  
Reporting Period (check one):

- a.
- ☒
- Fewer than 16 (complete Sections I, IV, and V only)
- 
- b.
- ☐
- 16 or more (complete all sections)

## SECTION II - Full-Time Employees.

Job Categories															Number of Employees (Report employees in only one category)																	
Race/Ethnicity															Total Columns A - N																	
Hispanic or Latino			Not-Hispanic or Latino																													
			Male						Female																							
			Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races																
			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O															
Executive/Senior Level Officials and Managers			1.1														0															
First/Mid-Level Officials and Managers			1.2														0															
Professionals			2														0															
Technicians			3														0															
Sales Workers			4														0															
Administrative Support Workers			5														0															
Craft Workers			6														0															
Operatives			7														0															
Laborers and Helpers			8														0															
Service Workers			9														0															
TOTAL			10	0	0	0	0	0	0	0	0	0	0	0	0	0	0															
PREVIOUS YEAR TOTAL			11														0															

## SECTION III - Part-Time Employees.

Number of Employees  
(Report employees in only one category)

Race/Ethnicity

Categories	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N	
			Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0

## SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

## SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	04/11/2017	Typed or Printed Name of Person Signing	Wendi Racca	Signature		Telephone No.	(337) 583-8343
Title of Person Signing		Director of Human Resources & Risk Mgmt		WILLFULLY FALSE STATEMENT IS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).			